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HOSPITAL RELIEF FOR THE COUNTRY.

THE POSSIBILITIES OFFERED BY HOSPITAL TRAINS IN FURNISHING MUCH NEEDED MEDICAL AND SURGICAL FACILITIES TO RURAL DISTRICTS.

By CH. WARDEL STILES, Professor of Zoology, Hygienic Laboratory, United States Public Health Service.

In an extensive experience of over 20 years in studying the sanitary conditions of the rural districts in many of our States the fact has been seriously impressed upon me that there are tens of thousands of men, women, and children in our open country who suffer preventable pain, who are inhibited in their physical, mental, economic, and moral development, and who in many cases either become physical wrecks or die because of the simple reason that they do not, and under existing local conditions they can not, have proper medical and especially proper surgical treatment. That the railroads have been exceedingly considerate in granting free transportation to enable special cases to be taken to hospitals should be acknowledged with appreciation. But the fact remains sadly true that these instances are rare exceptions when compared with the actual number of cases that need attention. That we have many hospitals in our cities to which numerous others of the cases in question should be taken may be admitted without discussion, but the cold fact remains that the great mass of the people in question will never have proper medical or surgical relief unless it is taken to them.

For many years past I have had in mind what seemed to be a solution of the problem here presented, but not until recently has it been feasible to make a practical test, on a small scale, of the idea in question.

With the remote hope that some person looking for an opportunity to place a welfare endowment may possibly read this article, and that the idea of a free hospital train may appeal to him or her, I take the liberty of describing briefly certain needs of the open country and a plan for the possible solution of some of them.

The greatest evil to-day in our rural States is undoubtedly the existing medieval sanitation. There are numerous counties in which sanitation in respect to soil pollution and care of milk is only 1 to 10 on a scale of 100. The recent wonderful awakening on the part of the State boards of health and State boards of education in respect to these points can not be praised too highly. The initiative in solving this particular phase of rural needs is therefore taken, but we must not deceive ourselves with the idea that the reform is to be accomplished in less than a generation—at least of a school generation—for the ultimate solution of this problem lies in the development of a public sentiment among the people which will demand the passage and enforcement of State and local laws that will decrease pollution of the soil and of the water and milk supplies.

District nursing is another sad and crying need of our farm areas about the beauties of which much has been written. Though not blinded to this latter side of our open country my particular experience has brought me into closer contact with the poverty, ignorance, and filth (not to use a stronger word) of the average home in the agricultural districts into which my studies have taken me. The average country woman (white or black) with whom I come into contact has exceedingly rudimentary ideas on the subject of cleanliness, cooking, housekeeping, and care either of children or the sick. Owing to absence of reliable death statistics for so many of our counties, it is impossible to present figures to prove how many infants and children die unnecessary deaths because of pure ignorance on the part of their mothers. To meet the needs of this side of our problem, the district nurse seems capable of playing a most valuable rôle, and the present movement in this direction, a form of welfare work still in its infancy, is one that deserves cordial moral and financial support.

However heartily we may approve of instruction in sanitation and of welfare work in rural nursing, we should not close our eyes to the fact that there are many advantages enjoyed by city women and children that are unopened books to thousands of agricultural families.

The average mother with whom my field work brings me in contact is never attended during confinement either by a physician or by a trained nurse. The aid at her disposal is only that offered by her family, her neighbors, or by some (usually ignorant and dirty) midwife. As a result, injuries very frequently occur. Not having before them either the knowledge of possible surgical relief or the opportunity for such treatment, many country mothers bear unnecessary burdens through their sad and arduous lives. Numerous observations persuade me that authors who write on the great advantages of life in the open country have not based their statements upon a study of the hardships of the laboring rural mother (the term "laboring" being here used in its double sense). A traveling hospital could bring great relief to thousands of these mothers who now go through life without even dreaming of the possible advantages open to the poorest mothers in the slums of our cities.

In studying the children one is deeply impressed with the number who are handicapped both in their physical and mental development by the fact that the ventilation of their bodies is impeded by growths (enlarged tonsils and adenoids) that might easily be removed. In many instances, also, the eyes need attention that is now beyond the reach of the families.

The facts just related will suffice as basis for the suggestion now made.

Education in various lines is brought within the reach of country families; they do not have to send their children to the city schools. Farm demonstration work is being brought to their homes; the farmer can learn how to increase his crop of corn, etc., without the necessity of his going through an agricultural college. Why not bring more health within reach of the farm laborer and his family?

It would be a comparatively simple matter to fit out a special hospital train of, say, three to six cars and to take this train to those counties which have not at present hospital advantages and to the mass of inhabitants of which such advantages are to-day for one reason or another a practical impossibility.

That there are technical difficulties to be overcome, as for instance freedom from dust during surgical operations, is understood, but those difficulties are not insurmountable; they are mere details that call for careful study. Another line of difficulty would be to overcome the prejudice many of the people have against surgical operations; but that, too, is a mere detail which would soon be arranged through educating the people of a given district by a few practical demonstrations in the way of cures.

The expenses connected with a hospital train need not be much if any greater than those connected with any other hospital, for doubtless many railroads would haul the cars free or at most upon payment of mileage for the personnel. The distances to be traveled need not be great between stops.

The greatest difficulty to be overcome would be the wear and tear upon the personnel, for I can state from personal experience that life in a hospital car is an exceedingly severe one.

Through the kindness of Dr. George Thomas, of Wilmington, N. C., a certain piece of research work I am now conducting and in which it has become necessary for me to have about 85 rural school children under personal observation and control for several successive periods of about 20 to 24 hours each, was brought to the attention of the administrative officers of the Atlantic Coast Line. The railroad company very kindly reserved for my use a three-compartment combination car, and later a two-compartment car, which were outfitted as a traveling hospital and laboratory and used as such for nearly two months. Part of the time I have had two, part of the time one, assistant, in addition to a trained nurse. We are covering the territory of seven country schools in a certain county, making stops of two to three days each at five different points.

The children come to the car about 4.30 in the afternoon and are kept under observation until 1 to 4 o'clock the next afternoon. The experience has clearly demonstrated to me the feasibility of the traveling hospital—at least for many purposes. In only one of the five stopping points has there been a lack of interest and cooperation, either on the part of the people in general or of the school children.

In only one place (the one already mentioned) have we found any antagonism worth mentioning to our work. Any minor opposition that existed at the other four stopping points practically died out after the first visit. The entire trip has been a decided success, and whatever facts may be developed as a result of the study will be due in very large measure to the kindness of Dr. Thomas and to the cooperation of the Atlantic Coast Line in providing the car.

Despite the fact that the present trip has for its purpose a particular line of work, people come in to us from miles around to ask other medical and even surgical aid. Many of our callers can not afford to employ a physician. Time after time when they are advised to go to the local physician or to some hospital the reply is made that they are very poor and can not afford the expense.

The local physicians do a vast amount of charity work, but the life of the country practitioner is a hard one; the distances between their patients are often considerable, and these men simply can not afford to do for the poorer farmers what the free city clinics are doing for the city poor. The county health officers are underpaid as it is, and it is not right to expect them to conduct a large charity practice when they are already making a decided sacrifice in serving in their official capacity. Further, the country physicians are expected to cure everything from the falling out of hair to the ingrowing of toenails, and neither time nor opportunity exists for them to go into the throat, nose, ear, eye, and "repair" work that is in constant demand of attention.

To meet the needs of the medical work in the different localities there may be, of course, different possibilities, but as I see the problem, one of the most feasible methods would be a hospital train which could make short trips in those localities that are not to-day supplied with specialists on the eye, ear, nose, throat, and in gynecology. Unless in certain districts these phases of rural medical work are turned over to medical welfare workers, there will be thousands of American country women who will continue in their unnecessary sufferings, and tens of thousands of American children who will attempt to develop without proper body ventilation, despite the much vaunted "pure, fresh, country air."

It is not the purpose of this article to discuss how a hospital train could be utilized to bring about a number of by-product results, such as bringing to the physicians a much needed post-graduate medical instruction; to the mothers, ideas on cooking, housekeeping, infant feeding, etc.; to the fathers, ideas on sanitation; to the schools, special instruction along health lines.

The idea held in mind in writing these lines, on board the Atlantic Coast Line hospital car, sidetracked at a remote country crossroads, and by snatching a few moments after one of the hardest 48 hours of work I have ever experienced, among people whose physical condition

has been almost overlooked by their fellow country men, is that the possibility is not excluded that the suggestion may perhaps come to the attention of some person who is looking for an opportunity to do good, to the extent of 100 cents per dollar expended, and who may perhaps be moved to look into the merits of the suggestion the article contains—a suggestion of welfare work in a line not existent at the present moment.

**AMENDMENT TO INTERSTATE QUARANTINE REGULATIONS.
PURE DRINKING WATER FOR PASSENGERS IN INTERSTATE TRAFFIC.**

TREASURY DEPARTMENT,
OFFICE OF THE SECRETARY,
Washington, January, 25, 1913.

To medical officers of the Public Health Service, State, and local health authorities, and others concerned:

The following amendment is hereby made to the Interstate Quarantine Regulations promulgated by this department September 27, 1894, and amended August 17, 1905, June 24, 1909, May 15, 1912, October 30, 1912, and December 9, 1912, said amendment and regulations being in accordance with section 3, act of Congress approved February 15, 1893.

Article 3, General Regulations, is hereby amended by the addition of the following paragraph:

Paragraph 15. Water provided by common carriers on cars, vessels, or vehicles operated in interstate traffic for the use of passengers shall be furnished under the following conditions:

(a) Water shall be certified by the State or municipal health authority within whose jurisdiction it is obtained as incapable of conveying disease: *Provided*, That water in regard to the safety of which a reasonable doubt exists may be used if the same has been treated in such a manner as to render it incapable of conveying disease, and the fact of such treatment is certified by the aforesaid health officer.

(b) Ice used for cooling such water shall be from a source the safety of which is certified by the State or municipal health authority within whose jurisdiction it is obtained, and before the ice is placed in the water, it shall be first carefully washed with water of known safety, and handled in such manner as to prevent its becoming contaminated by the organisms of infectious or contagious diseases: *Provided*, That the foregoing shall not apply to ice which does not come in contact with the water which is to be cooled.

(c) Water containers shall be cleansed and thoroughly scalded with live steam at least once in each week that they are in operation.

FRANKLIN MACVEAGH,
Secretary.